2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # V72948** 1. Entity Name DRYWALL BY B & B, INC. 04-28-2001 90014 030 ***158.75 Principal Place of Business Mailing Address 107 NE 1ST AVE 107 NE 1ST AVE OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0363940 Not Applicable 5. Certificate of Status Desired- The Required \$8.75 Additional Country Country Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BODDY, RONALD E JR Street Address (P.O. Box Number is Not Acceptable) 2760 NE 64TH LANE OCALA FL 34479 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Delete TITLE NAME BODDY, RONALD E JR NAME STREET ADDRESS STREET ADDRESS 2760 NE 64TH LANE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34479 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 2

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR

RONALD E. BODDY, JR. 1/12/01 352-629-4207

Date Date Dayline Phone #